

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-01-04.

The IRO reviewed physical medicine services CPT codes 97113, 97110, 97035, 97140-59, 97530 and 99212 rendered from 10-14-03 through 12-23-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 02-22-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99211 dates of service 01-21-04 and 02-09-04 denied with denial code "F" (fee guideline MAR reduction). The carrier made a payment of \$53.88. The MAR per Rule 134.20(c)(1) is \$27.86 (\$22.29 X 125%). Additional reimbursement is recommended in the amount of **\$1.84. (.92 X 2 DOS)**.

Review of CPT codes 99212, 97113, 97110, 97140-59 and 97035 date of service 12-15-03 and code 99213 date of service 04-19-04 revealed that neither party submitted a copy of an EOB. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for an EOB. No reimbursement recommended.

This Findings and Decision is hereby issued this 23rd day of March 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in the amount of \$3,399.20 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 10-14-03 through 02-09-04 in this dispute.

This Order is hereby issued this 23rd day of March 2005.

Margaret Ojeda, Manager
Medical Dispute Resolution
Medical Review Division
MQO/dlh
Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 15, 2005

Re: IRO Case # M5-05-0436 amended 3/2/05

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the

requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Reports and notes Dr. Tompkins
4. MRI right shoulder reports 5/5/04, 3/10/03
5. Operative report 8/26/03
6. Letter of medical necessity 11/12/04 Dr. Weddle
7. Physical therapy notes

History

The patient was injured in _____. She underwent cervical and bilateral carpal tunnel releases in 2002, but her right shoulder pain persisted. The patient presented to her orthopedic surgeon in June 2003 complaining of right shoulder pain. The patient was treated for subacromial impingement syndrome with a series of steroid injections, but this did not provide much relief. After failing an adequate trial of non-operative management, the orthopedic surgeon recommended acromioplasty and tenosynovectomy of the proximal biceps, which was performed on 8/26/03. Her post-operative course was complicated by severe post-operative pain with a probable exacerbation of her peripheral neuropathy from cervical disease and carpal tunnel syndrome. She received extensive physical therapy and modalities, as well as multiple follow-up appointments with her surgeon.

Requested Service(s)

Physical medicine services CPT codes 97113, 97110, 97035, 97140-59, 97530, 99212 10/14/03 – 12/23/03

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

Based on the EOBs and physical therapy notes, it appears that the therapy in dispute comprised standard post-operative physical therapy. Because of the length of this patient's underlying co-morbidities two to three months of physical therapy could well be medically necessary. None of the documentation provided indicated that any of the therapy was unnecessary. The therapy was directed by the patient's surgeon with excellent follow up and reassessment by the surgeon, as well as the providing chiropractor. The records submitted provide no evidence of excessive or unnecessary treatment in this case. The provided physical therapy services, including modalities were medically necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP